

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

OCT 15 AM 11:56  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

BLUEGRASS RURAL

ADDRESS (number and street)

P.O. BOX 113

Check if different than previously reported. (ACC)

MELBER

KY

42069

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00567172

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2014

through

MM / DD / YYYY

MM / DD / YYYY

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JEANIE Embry

Signature of Treasurer

*Jeanie Embry*

Date

MM / DD / YYYY

MM / DD / YYYY

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="8,855.00"/>	<input type="text" value="8,855.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8,855.00"/>	<input type="text" value="8,855.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7,528.65"/>	<input type="text" value="7,528.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1,326.35"/>	<input type="text" value="1,326.35"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**BLUEGRASS RURAL**

Report Covering the Period: From:

07 ' 01 ' 2014

To:

09 ' 30 ' 2014

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7,500.00

7,500.00

(ii) Unitemized.....

1,355.00

1,355.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8,855.00

8,855.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

8,855.00

8,855.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

8,855.00

8,855.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

8,855.00

8,855.00

## DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

### II. Disbursements

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	1,734.00	1,734.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,734.00	1,734.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....	7,236.75	7,236.75
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	1,185.00	1,185.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7,528.65	7,528.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7,528.65	7,528.65

14-00000-1000000

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8,855.00	8,855.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8,855.00	8,855.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,734.0	1,734.0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,734.0	1,734.0

11030101-1-0204

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 3  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLUEGRASS RURAL

Full Name (Last, First, Middle Initial)

A. HARDY LINWOOD

Mailing Address

2529 CANTON Rd.

City

CADIZ

State

KY

Zip Code

42211

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

08 / 20 / 2014

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. LAVERY MARY

Mailing Address

68 BIRCHALL DR.

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROSWELL MARJORIE

Mailing Address

3443 GUILFORD TERRACE

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing federal political committee.

C

Name of Employer

ROSWELL INFOGRAPHICS

Occupation

OWNER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

08 / 26 / 2014

Amount of Each Receipt this Period

2,500.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>3</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BLUEGRASS RURAL**

Full Name (Last, First, Middle Initial) <b>A. FOREMAN TERRY</b>		Date of Receipt <b>09 20 2014</b>
Mailing Address <b>1623 SUNSET DR.</b>		Amount of Each Receipt this Period <b>, 500.00</b>
City <b>MURRAY</b>	State Zip Code <b>KY 42071</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. LITTLETON MARY JANE</b>		Date of Receipt <b>09 21 2014</b>
Mailing Address <b>809 SHARPE ST.</b>		Amount of Each Receipt this Period <b>, 500.00</b>
City <b>MURRAY</b>	State Zip Code <b>KY 42071</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. POLLARD HELEN</b>		Date of Receipt <b>09 19 2014</b>
Mailing Address <b>343 HUNTINGTON RD.</b>		Amount of Each Receipt this Period <b>, 500.00</b>
City <b>WORTHINGTON</b>	State Zip Code <b>MA 01098</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>RETIRED</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 500.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 3						
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**BLUEGRASS RURAL**

A. Full Name (Last, First, Middle Initial) <b>WILSON STEVE</b>		Date of Receipt
Mailing Address <b>4801 GREENHAVEN LN.</b>		<b>09' 23' 2014</b>
City <b>GOSHEN</b>	State <b>Ky</b>	Zip Code <b>40202</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 1,000.00</b>
Name of Employer <b>ZIC MUSEUM HOTELS</b>	Occupation <b>OWNER</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 1,000.00</b>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C.</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<b>, 7,500.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BLUEGRASS RURAL**

Full Name (Last, First, Middle Initial) <b>A. MLB Research Assoc.</b>		Date of Disbursement <b>09' 09' 2014</b>	
Mailing Address <b>54 STAGE Rd</b>		Amount of Each Disbursement this Period  <b>53.50</b>	
City <b>Williamsburg</b>	State <b>MA</b>		Zip Code <b>01096</b>
Purpose of Disbursement <b>REIMBURSEMENT / Postage</b>			Category/Type <b>001</b>
Candidate Name <b>Mitch McCONNELL</b>			
Office Sought: <b>us</b>	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>KY</b>	District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/Type
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/Type
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>MLB RESEARCH ASSC.</b>	Date of Public Distribution/Dissemination <b>08/29/2014</b>
Mailing Address <b>54 STAGE Rd.</b>	Amount <b>250.00</b>
City <b>Williamsburg</b> State <b>MA</b> Zip Code <b>01096</b>	Date of Disbursement or Obligation <b>08/29/2014</b>
Purpose of Expenditure <b>Education Flyer</b> Category/Type <b>006</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>250.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MLB RESEARCH ASSC.</b>	Date of Public Distribution/Dissemination <b>09/27/2014</b>
Mailing Address <b>54 STAGE Rd.</b>	Amount <b>281.25</b>
City <b>Williamsburg</b> State <b>MA</b> Zip Code <b>01096</b>	Date of Disbursement or Obligation <b>09/27/2014</b>
Purpose of Expenditure <b>Ag Flyer</b> Category/Type <b>006</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought <b>531.25</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>531.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>531.25</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **10/10/2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

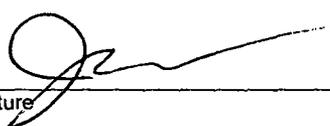
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>EARSHOT Audio Post, LLC</b>	Date of Public Distribution/Dissemination <b>09/08/2014</b>
Mailing Address <b>6311 WESTFIELD Blvd. STE 300</b>	Amount <b>869.50</b>
City State Zip Code <b>Indianapolis IN 46220</b>	Date of Disbursement or Obligation <b>09/26/2014</b>
Purpose of Expenditure <b>Ads PRODUCTIONS</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McCONNELL</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>869.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>GATEWAY Radio Works, INC.</b>	Date of Public Distribution/Dissemination <b>09/15/2014</b>
Mailing Address <b>22 WEST MAIN ST.</b>	Amount <b>280.00</b>
City State Zip Code <b>Mt. Sterling Ky 40353</b>	Date of Disbursement or Obligation <b>09/08/2014</b>
Purpose of Expenditure	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McCONNELL</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>280.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1,149.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>1,149.50</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10/10/2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 12  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>SHORELINE COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <b>09'15'2014</b>
Mailing Address <b>P.O. Box 927</b>	Amount <b>280.00</b>
City State Zip Code <b>Columbia Ky 42728</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09'08'2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought <b>280.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SHORELINE COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <b>09'15'2014</b>
Mailing Address <b>P.O. Box 4190</b>	Amount <b>280.00</b>
City State Zip Code <b>Campbellsville Ky 42719</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09'08'2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought <b>560.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>560.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>560.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 
Date **10'10'2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

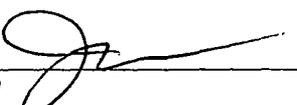
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>Sound Broadcasters, Inc.</b>	Date of Public Distribution/Dissemination <b>09'15'2014</b>
Mailing Address <b>2380 North Main St.</b>	Amount <b>280.00</b>
City State Zip Code <b>Madisonville Ky 42431</b>	Date of Disbursement or Obligation <b>09'08'2014</b>
Purpose of Expenditure <b>Radio Ads</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>280.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Commonwealth Broadcasting</b>	Date of Public Distribution/Dissemination <b>09'15'2014</b>
Mailing Address <b>611 West Poplar St. C-2</b>	Amount <b>612.00</b>
City State Zip Code <b>Elizabethtown Ky 42701</b>	Date of Disbursement or Obligation <b>09'08'2014</b>
Purpose of Expenditure <b>Radio Ads</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>612.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>89200</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>89200</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10'10'2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 12  
FOR LINE 24 OF FORM 3X

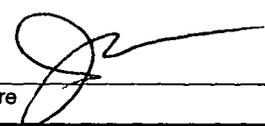
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>Commonwealth Broadcasting</b>	Date of Public Distribution/Dissemination <b>09/15/2014</b>
Mailing Address <b>113 West Public Sq. STE 400</b>	Amount <b>8000</b>
City <b>Glasgow Ky</b> State Zip Code <b>42141</b>	Date of Disbursement or Obligation <b>09/08/2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>00Y</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>69200</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WKDZ/WHVO</b>	Date of Public Distribution/Dissemination <b>09/15/2014</b>
Mailing Address <b>19 Woolbridge Rd.</b>	Amount <b>42000</b>
City <b>Cadiz Ky</b> State Zip Code <b>42211</b>	Date of Disbursement or Obligation <b>09/08/2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>100Y</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>42000</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50000</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>0</b>
(c) TOTAL Independent Expenditures.....▶	<b>50000</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10/10/2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

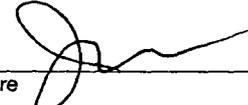
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WKDO</b>	Date of Public Distribution/Dissemination <b>09/15/2014</b>
Mailing Address <b>988 STATE HWY 1649</b>	Amount <b>220.00</b>
City State Zip Code <b>Liberty Ky 42539</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09/08/2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State:
Calendar Year-To-Date Per Election for Office Sought <b>220.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>WXMZ</b>	Date of Public Distribution/Dissemination <b>09/15/2014</b>
Mailing Address <b>Hwy 63 West Box 471</b>	Amount <b>100.00</b>
City State Zip Code <b>Central City Ky 42330</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09/08/2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State:
Calendar Year-To-Date Per Election for Office Sought <b>100.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>320.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>320.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10/10/2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>WHOP-AM</b>	Date of Public Distribution/Dissemination <b>09 15 2014</b>
Mailing Address <b>220 Buttermilk Rd.</b>	Amount <b>17000</b>
City                                  State                                  Zip Code <b>Hopkinsville                          Ky                                  42240</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09 08 2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: _____ Office Sought: <input type="checkbox"/> House    District: _____
Calendar Year-To-Date Per Election for Office Sought <b>17000</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WOMI</b>	Date of Public Distribution/Dissemination <b>09 15 2014</b>
Mailing Address <b>3301 Frederica St.</b>	Amount <b>15000</b>
City                                  State                                  Zip Code <b>Owensboro                          Ky                                  42301</b>	
Purpose of Expenditure <b>Radio Ads</b>	Date of Disbursement or Obligation <b>09 08 2014</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: _____ Office Sought: <input type="checkbox"/> House    District: _____
Calendar Year-To-Date Per Election for Office Sought <b>15000</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>32000</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>32000</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10 10 2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

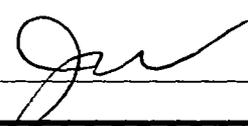
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>WBRT</b>	Date of Public Distribution/Dissemination <b>10 9 15 2014</b>
Mailing Address <b>106 South 3rd St.</b>	Amount <b>96.00</b>
City State Zip Code <b>Bardstown Ky 40004</b>	Date of Disbursement or Obligation <b>09 08 2014</b>
Purpose of Expenditure <b>Radio Ads</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>96.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WXBC</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>110 South Main St</b>	Amount <b>291.00</b>
City State Zip Code <b>HARDINSBURG Ky 40143</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>291.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>387.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>387.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10 10 2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>000567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <b>WCKK</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>2 ASPEN ST.</b>	Amount <b>310.00</b>
City <b>Colvert City</b> State <b>Ky</b> Zip Code <b>42029</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>310.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WCBL</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>Hwy 408 E.</b>	Amount <b>180.00</b>
City <b>BENTON</b> State <b>Ky</b> Zip Code <b>42025</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>180.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>490.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>490.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10 10 2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

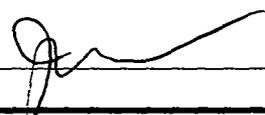
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FOREVER COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>1500 Dinguid Dc.</b>	Amount <b>550.00</b>
City <b>MURRAY</b> State <b>Ky</b> Zip Code <b>42071</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <b>550.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WFKN</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>103 N. High St.</b>	Amount <b>360.00</b>
City <b>Franklin</b> State <b>Ky</b> Zip Code <b>42134</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <b>360.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>910.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>910.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **10 10 2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER <b>C000567172</b>
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Check if  24-hour report  48-hour report  New report  Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Bristol Broadcasting</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>6000 WKYX/WKYQ Rd.</b>	Amount <b>520.00</b>
City <b>Paducah</b> State <b>Ky</b> Zip Code <b>42003</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>520.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>WSON</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>230 2nd St. Ste 104</b>	Amount <b>357.00</b>
City <b>HENDERSON</b> State <b>Ky</b> Zip Code <b>42420</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>357.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>877.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>877.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **10 10 2014**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on \_\_\_\_\_

Full Name of Payee <b>WAVS</b>	Date of Public Distribution/Dissemination <b>10 06 2014</b>
Mailing Address <b>108 WEST MAIN ST.</b>	Amount <b>300.00</b>
City State Zip Code <b>Princeton Ky 42445</b>	Date of Disbursement or Obligation <b>09 30 2014</b>
Purpose of Expenditure <b>Radio Ads</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mitch McConnell</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>30000</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>300.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>300.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: \_\_\_\_\_ Date: **10 10 2014**

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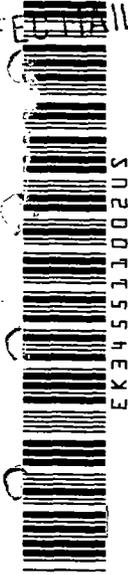


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PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Recovers the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:30 AM Delivery Required (additional fee, where available)

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE 202-694-1130

Federal Election Commission

999 E. Street, N.W.

Washington, D.C.

ZIP+4® (U.S. ADDRESSES ONLY)

20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.

\$100.00 Insurance Included.

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day

2-Day

Military

DPO

Postage

\$

Scheduled Delivery Date (MM/DD/YY)

10/16/14

Insurance Fee

\$

Scheduled Delivery Time

10:30 AM

12 NOON

3:00 PM

Return Receipt Fee

\$

Live Animal Transportation Fee

\$

Total Postage & Fees

\$ 19.99

Scheduled Delivery Date (MM/DD/YY)

10/14/14

Sunday/Holiday Premium Fee

\$

Acceptance Employee Initials

AKRC

Weight

5 lbs.

Flat Rate

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)

Time

AM

PM

Employee Signature

Delivery Attempt (MM/DD/YY)

Time

AM

PM

Employee Signature

213F July 2013 OD: 12.5 x 9.5



PS 1000100006

LABEL 11-B, JANUARY 2014

PSN 7890-02-000-9996

3-ADDRESSEE COPY

ES

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked  
10/14/2014

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JM 10/15/2014  
 PREPARER DATE PREPARED  
 (8/2013)

NON-PROFIT